

Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 23 September 2014
For: PUBLIC session PRIVATE Session
For: Decision Discussion Noting

Agenda Item and title:	GOV/14/09/14 West Wiltshire, Yatton Keynell and Devizes (WWYKD) SLA Q1 Report 14-15
Author:	Jenny Bennis – Team Support and Resilience Manager WWYKD
Lead Director/GP from CCG:	Dr Helen Osborn, GP Chair WWYKD Group Jo Cullen – Group Director WWYKD
Executive summary:	<p>The purpose of this paper is to report first quarter progress against the actions set out in the 2014-15 WWYKD Group Service Level Agreement (SLA). The report gives an update on progress and actions against each of the five headings in the SLA for Quarter 1 (Q1), i.e. the period April to June 2014:</p> <p>A. As Commissioners</p> <ul style="list-style-type: none"> • Membership engagement in localities and development of Locality Plans supporting the CCG Strategy • Engagement with the implementation and delivery of CCG key priorities and programmes <p>B. As Providers</p> <ul style="list-style-type: none"> • Care Homes project to maintain the reduction in unplanned attendances and admissions of patients from Care Homes • Effective referrals • Effective prescribing <p>The WWYKD SLA was formally approved at the Governing Body meeting on 20th May, 2014.</p> <p>The aim of the SLA is to achieve:-</p> <ul style="list-style-type: none"> • Reduction in urgent admissions from Care Homes into RUH, GWH, SFT • Referral growth beyond population growth levels is managed • Membership engagement with the CCG's 5 Year Strategic Plan • Demonstrable progress in specific areas of prescribing as selected by each practice.

Evidence in support of arguments:	N/A
Who has been involved/contributed:	<ul style="list-style-type: none"> • WWYKD Executive • Practices
Cross Reference to Strategic Objectives:	This SLA supports the work to deliver the CCG's key strategic priorities, described in the Five Year Plan; and the Wiltshire CCG Quality, Innovation, Productivity and Prevention (QIPP) programme.
Engagement and Involvement:	<p>Discussion and agreement of work priorities with all practices via GP Executive representatives.</p> <p>All WWYKD practices have signed up to the SLA.</p>
Communications Issues:	None
Financial Implications:	No unfunded financial implications. Payments under SLA will not exceed total funds allocated
Review arrangements:	<p>Quarterly reports will be presented to the Governing Body.</p> <p>Project plans and reports will be monitored by the WWYKD Executive and by the Programme Governance Group via the Programme Management Office as appropriate.</p>
Risk Management:	<p>If the SLA is not delivered it will impact on the ability of the CCG to deliver its strategic plan for 2014 – 15. These risks will be mitigated through monitoring and review of progress using standardised audit and reporting templates.</p> <p>A significant increase in the number of care home patients for whom SLA funding is claimed could result in a cost pressure.</p>
National Policy/ Legislation:	N/A
Equality & Diversity:	No adverse impact identified
Other External	N/A

Assessment:	
Next steps:	<p>Governing Body to approve this Q1 report.</p> <p>WWYKD to continue to develop and deliver against the requirements of the SLA, and provide subsequent reports summarising the position for Q2, Q3 and Q4 in due course.</p>

West Wiltshire Yatton Keynell & Devizes (WWYKD) Group

Primary Care Service Level Agreement (SLA) 2014-15

1st Quarter Report April – Jun 2014

1. Purpose

The purpose of this Quarter 1 (Q1) report is to outline what the practices have delivered in Q1, against the requirements detailed in the SLA, in order to:

- Support the achievement of the CCGs strategic priorities.
- Support the delivery of the Wiltshire CCG Quality, Innovation, Productivity and Prevention (QIPP) programme.
- Help practices to be involved more closely in the commissioning process.
- Help practices to work together to alter clinical pathways for the benefit of the patient.
- Help practices get involved in the development of community care.
- Benefit patient care and support effective use of resources.
- Build on previous years' outcomes.

2. Context

This SLA is a continuation of the 2013/14 SLA that replaced the previous Practice Based Commissioning/Secondary Care Local Enhanced Services.

It is intended that the work in the SLA should:

- support but not duplicate other initiatives including Directed/National Enhanced Services and Quality Outcome Framework (QOF)
- be useful to those undertaking it and affect changes in the practice where appropriate
- benefit patient care and support effective use of resources
- support and develop locality plans

The SLA supports funding for 2 aspects of practice engagement as membership of the CCG as commissioners:

- Membership engagement in localities and development of Locality Plans supporting the CCG Strategy
- Engagement with the implementation and delivery of CCG key priorities and programmes

The SLA focuses on 3 work streams for GP Practices as providers:

- Care Homes project to maintain the reduction in unplanned attendances and admissions of patients from Care Homes
- Effective referrals
- Effective prescribing

All WWYKD practices have signed up to the SLA.

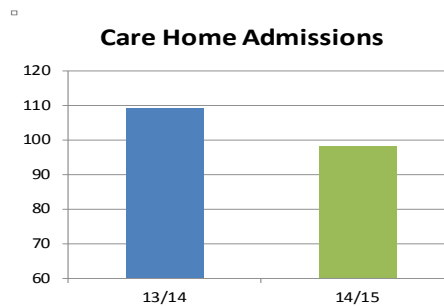
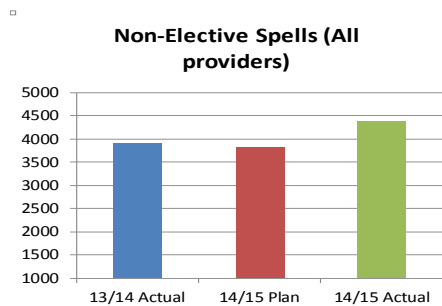
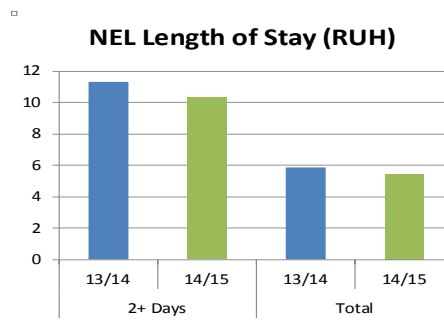
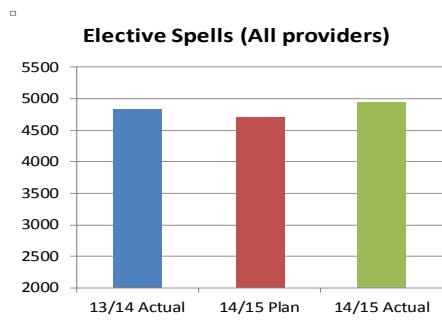
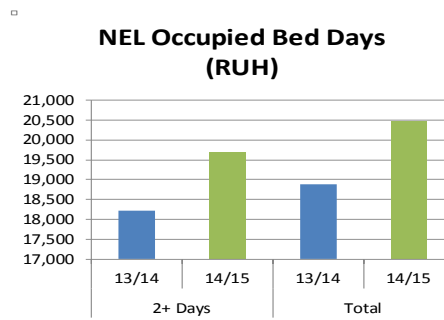
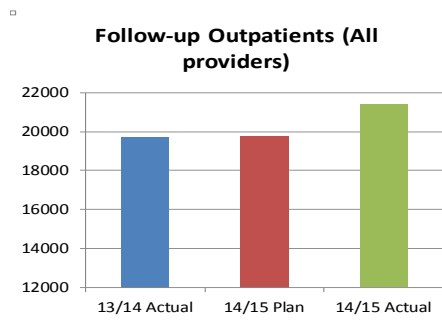
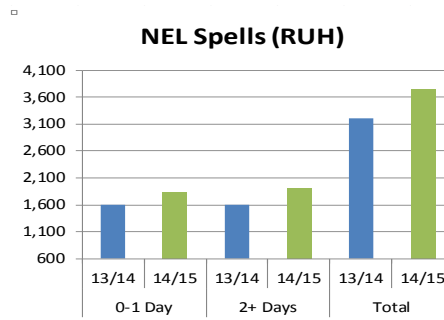
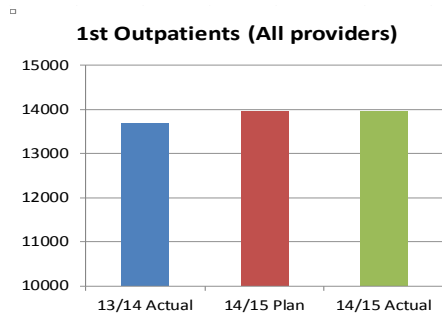
3. Outcomes

The desired outcomes from this SLA are:

- Reduction in urgent admissions from Care Homes into RUH, GWH and SFT
- Referral growth beyond population growth levels is managed
- Membership engagement with the CCG's 5 Year Strategic Plan
- Demonstrable progress in specific areas of prescribing as selected by each practice.

A "Practice Pack" has been developed to describe the operating detail of the aspects of the Service Level Agreement. Please see below Group SLA Activity Monitoring M3 and Group Activity Report for WWYKD provided by the Head of Information, Wiltshire Clinical Commissioning Group.

Group SLA Activity Monitoring M3



		WWYKD Group			
		13/14	14/15	Diff	%
A&E Attendances (incl MIUs)	GWH	7216	7372	156	2%
	RUH	3555	3931	376	10%
	SFT	685	750	65	9%
	Tetbury	56	89	33	37%
	Ox Uni Hosp	76	59	(17)	(29%)
	N.Bristol	1065	1252	187	15%
	Others				
	Total	12653	13453	800	6%

Non-Electives	GWH	939	930	(9)	(1%)
	RUH *	2219	2638	419	16%
	SFT	508	576	68	12%
	Tetbury	46	51	5	10%
	Ox Uni Hosp	42	43	1	2%
	N.Bristol	138	156	18	12%
	Others				
	Total	3892	4394	502	11%

* 161 of RUH Growth is Maternity switch from GWH

* 74 of RUH Growth is Maternity switch from GWH

Electives (IP, DC & RDA)	GWH	408	399	(9)	(2%)
	RUH	2013	2048	35	2%
	SFT	1002	909	(93)	(10%)
	Care UK	635	733	98	13%
	Ridgeway	114	157	43	27%
	Bath Clinic	143	114	(29)	(25%)
	N.Bristol	135	113	(22)	(19%)
	Tetbury	63	149	86	58%
	Ox Uni Hosp	124	99	(25)	(25%)
	Others	180	230	50	22%
	Total	4817	4951	134	3%

1st Outpatients	GWH	1081	1102	21	2%
	RUH	7784	8351	567	7%
	SFT	2001	1806	(195)	(10%)
	Care UK	330	526	196	59%
	Ridgeway	373	426	53	14%
	Bath Clinic	419	396	(23)	(5%)
	N.Bristol	226	182	(44)	(19%)
	Tetbury	256	480	224	88%
	Ox Uni Hosp	148	138	(10)	(7%)
	Others	545	559	14	3%
Total	13163	13966	803	6%	

Outpatient Follow Up	GWH	1504	1763	259	17%
	RUH	9016	9994	978	11%
	SFT	3947	3782	(165)	(4%)
	Care UK	394	781	387	98%
	Ridgeway	1296	1316	20	2%
	Bath Clinic	979	1013	34	3%
	N.Bristol	273	506	233	85%
	Tetbury	127	250	123	97%
	Ox Uni Hosp	490	531	41	8%
	Others	1286	1468	182	14%
Total	19312	21404	2092	11%	

Measuring the impact of the Service Level Agreement:

The CCG Service Level Agreement (SLA) requires primary care to be engaged in the commissioning agenda of the CCG and to respond to the pressures that the health system is currently experiencing. It is expected that through this engagement practice staff whether doctors, nurses and therapists will understand the options available to them when dealing with patients who may need a higher level of intervention which may not be available in a practice but can be provided by a range of alternatives that may include acute hospitals but increasingly more aligned to care in the community and at home.

The CCG SLA is an enabler for practices to engage in this agenda; it is not a means to the ultimate delivery of the CCG objectives as much reliance has to be placed on other providers of care. In order to assess the impact of this SLA it is imperative that the activity trends that the CCG currently experiences are impacted on. Therefore it is envisaged that the CCG SLAs will report on a number of activity domains to demonstrate that their contribution is making an impact on the health system.

Outcome measures have been described for each aspect of this SLA and will be reported to the CCG Governing Body through the Integrated Performance Report. These measures represent a marker for demonstrating the value of the investment in the aspect of the SLA versus the impact of the cost of services utilised by the population and do not describe any form of cap of access to services for patients. Some measures are therefore at Group rather than Practice level to inform the approach to 2015/16.

4. Funding

Allocation of SLA Funding 2014/15

Population: 170,070 (WWYKD population, 1 Jan 2014 from pop of 168,523 in Jan 2013 so increase of 1547)

Total SLA funding available: £1,311,400

[£123,441 ring-fenced for care homes; £1,215,050 (£7.21 per patient) from previous PbC and Sec Care LES; and £27,091 balanced to other Groups]

£7.71 per capita (NB: the Care Home element is paid on actual activity so this may not be definitive amount)

Use of any funding not committed by end of 14/15 will be agreed by WWYKD Exec/LMC.

5. Payment and Reporting

Practice performance against this SLA will be measured by the provision of direct evidence and / or summary reports where required from practices. The Q1 SLA payment (excluding care homes) was made at the start of Q2 along with the Q2 payment. The remaining SLA payments for the 14/15 financial year will be made at the start of each quarter.

Total WWYKD SLA Value for 14/15 equates to £1,311,400. Q1 Payment was made to practices at the start of Q2 and equated to £277,850.00. Payments made to practices during 14-15 for the SLA now exclude the care homes element, which will now be paid to practices quarterly in advance on receipt of estimated support levels per care home for the period. Q1 Payment for the Care Homes Element equated to £51,075.00.

6. Areas of Activity

Four specific types of activity are funded through the SLA:

- Engagement with Projects
- Continuation of existing Secondary Care LES actions

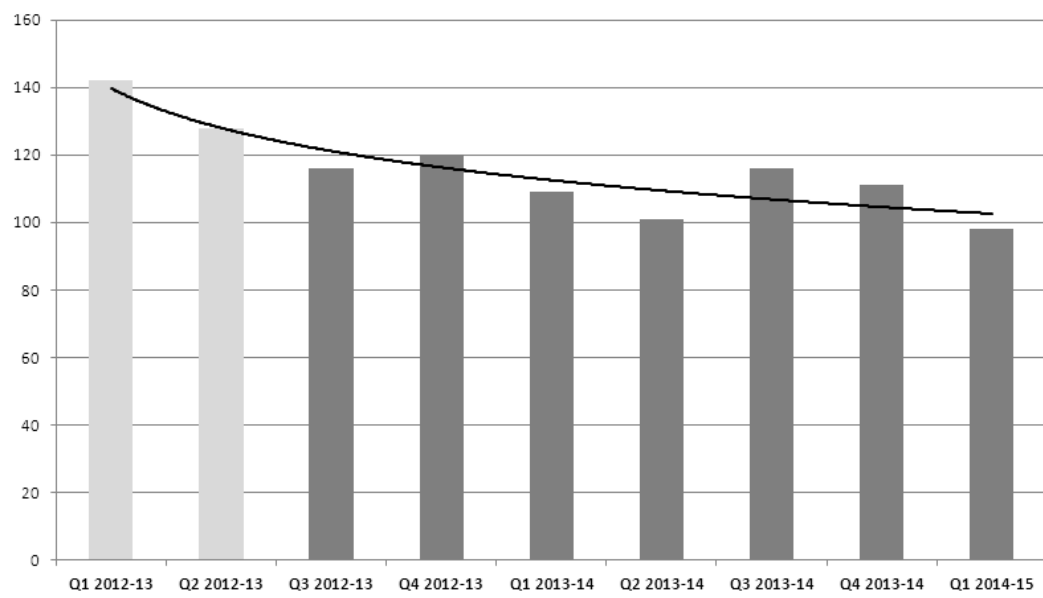
- Participation and Active Engagement with CCG commissioning and Locality Development
- Planned Care Data validation and challenges

A. Engagement with Projects

- **Urgent Care – review**
- **Care Homes Project – to maintain the reduction in unplanned attendances and admissions of patients from Care Homes**

Care homes pilot (Year 3) – Practices have continued to provide an additional level of support to care home residents at one of the three option levels of engagement. As a result of this project, emergency admissions continue to track at a lower level than was previously the case – the trend for the last 9 quarters is outlined below.

WWYKD Care Homes Project - Emergency Admission Trend



- **Primary Care – enhanced Primary Care**
- **Planned Care Pathways – Musculoskeletal and Ophthalmology**
- **Long Term Conditions – Diabetes**
- **End of Life –Develop and implementation of future care model**
- **Public Health projects e.g., falls pathway**
- **Stroke**
- **Mental Health – Dementia**
- **Elective Care – to increase referral specialities via RSS**

WYKD GP Portfolio of Responsibilities:-

- The following shows the WYKD GP and Team Portfolio of responsibilities (**WYKD Members marked in bold**)

No.	WCCG Delivery Plan Workstreams	Projects within:	Clinical Sponsor(s)	CCG Leads
1a.	PLANNED CARE (MSK)	<ul style="list-style-type: none"> Redesign of Primary Care Processes (incl Shared Decision Making and Diagnostics) Transactional Policy and Transactional Process Design and Implementation (incl Facet Joints and Epidurals and new follow ups. Pre and post op orthopaedic pathway redesign (including diagnostics) 	Lindsay Kinlin Richard Sandford-Hill	<i>Jill Whittington</i> Jo Whitford
1b.	PLANNED CARE (Ophthalmology)	<ul style="list-style-type: none"> Front End redesign Follow up redesign 	<i>Naz Kamal</i> <i>Jonathan Rayner</i> Richard Sandford-Hill	<i>Louise Sturgess</i>
2.	URGENT CARE	<ul style="list-style-type: none"> Mental Health Crisis Support (HCS) Rapid Response incl SPA and Telehealth/Care incl 2013/14 Project Work (Evaluation March 2014) Local Urgent Care System (LUCS) MIU & WIC Review (MIUR) Seven Day Working (SDW) 	Martin Foley Helen Osborn	Patrick Mulcahy
3.	INTERMEDIATE CARE	<ul style="list-style-type: none"> Intermediate Care inc Appropriate Place of Care/STARR/Step up/Step Down beds Early Supported Discharge - 14.5.14 - TBC Transferred from Urgent Care 	Martin Foley <i>Celia Grummit</i> <i>John Pettit</i> Helen Osborn	<i>Lynn Talbot</i> <i>James Roach</i>
4.	PRIMARY CARE	Enhanced primary care teams	<i>Gareth Bryant</i> Helen Osborn	Jo Cullen Victoria Stanley
5.	OPTIMISING COMMUNITY TEAMS	<ul style="list-style-type: none"> Pre-Procurement/ Contracting & Redesign, including Service Specifications Optimising Community Teams/OD (CCTOD) 	<i>Nick Brown</i> Richard Sandford-Hill <i>Celia Grummit</i> Amanda Brookes (PM)	<i>Neal Goodwin</i> Shelley Watson
6.	END OF LIFE	<ul style="list-style-type: none"> Development of Care@Home EPACCS Education 	Richard Sandford-Hill Helen Osborn	<i>Beatrix Maynard</i> Jo Whitford
7.	LONG TERM CONDITIONS (Diabetes)	<ul style="list-style-type: none"> Diabetes Pathway Redesign (DPR) 	Muhammed Rehman Lindsay Kinlin Debbie Beale	<i>Sue Rest</i> Shelley Watson

- **Medicines Management: Effective Prescribing initiatives** – The score card for Q1 is shown below. The scorecard shows the breakdown per practice of achievement against the four groups of targets. Namely; QiPP, local, safety and TPP housekeeping. The scorecards are agreed at the beginning of each financial year and all practices have been visited to discuss them with all prescribers. **Practices have been asked to confirm 3 targets to work on during the year, however not all practices have supplied this information.**

Medicines Management Score Card - 2014/15

1st Quarter 2014/2015

	ADCOPT SURGERY	AVENUE SURGERY	BRADFORD ROAD MEDICAL CTR	BRAFORDON AVON AND MELKSHAM HEALTH	COURTYARD SURGERY	GIFFORDS PRIMARY CARE CTR	JULIEE FIELD SURGERY	LANSDOWNE SURGERY	LOVEHEAD GROUP PRACTICE	MARKET LAVINGTON SURGERY	SMALLBROOK SURGERY	SOUTHERN SURGERY	SPA MEDICAL CENTRE	ST JAMES SURGERY	WHITE HORSE HEALTH CENTRE	WDBROOK MEDICAL PRACTICE	Locality	CCG	NATIONAL
3 days Trimethoprim/AD01item	5.77	4.87	6.12	4.93	7.76	5.54	7.54	5.72	5.13	4.04	5.08	4.86	5.58	7.13	5.66	10.57	5.86	5.73	5.89
ACE Inhibitor % of all RA drugs (Items)	73.0%	69.0%	66.6%	67.7%	72.7%	71.9%	51.5%	69.4%	70.9%	63.0%	72.3%	74.9%	71.4%	71.7%	75.0%	72.9%	69.9%	69.2%	70.2%
Antibiotic Items/STAR PU	0.25	0.29	0.34	0.28	0.19	0.27	0.25	0.30	0.30	0.20	0.24	0.28	0.33	0.26	0.30	0.30	0.28	0.29	0.29
Antidepressants: ADO/STAR PU	2.07	1.84	1.79	1.82	1.23	1.66	1.57	2.07	2.31	1.50	2.44	2.19	2.28	1.78	1.96	1.71	1.97	2.01	2.05
Cephalosporins & Quinolones % of all Antibiotics (Items)	6.6%	8.6%	7.3%	7.3%	3.0%	8.2%	10.7%	14.1%	7.6%	5.6%	12.4%	5.0%	7.6%	3.0%	11.6%	6.6%	8.2%	7.9%	5.4%
Hypoglycaemic Agents: Metformin and SU's % of all Diabetic Drugs (Items)	1.33	1.21	1.46	1.47	0.06	1.15	1.28	2.01	1.26	1.11	1.16	1.67	1.13	1.15	1.73	1.97	1.38	1.60	1.73
Laxatives ADO/STAR PU	86.4%	81.9%	81.4%	83.1%	88.4%	82.6%	80.9%	78.6%	69.1%	76.8%	84.9%	77.9%	86.9%	77.5%	77.1%	79.6%	80.7%	83.1%	83.1%
Lipid Modifying Drugs: Ezetimibe as % of all Lipid Drugs (Items)	3.2%	1.5%	3.7%	4.4%	0.0%	2.8%	2.9%	2.0%	1.7%	3.0%	1.6%	1.4%	1.83	3.5%	4.3%	1.9%	1.43	1.46	1.81
Long/Intermediate Insulin Analogues as % of all Insulins (Items)	71.9%	80.0%	85.1%	76.9%	80.5%	74.5%	83.3%	79.6%	77.4%	75.5%	86.7%	80.6%	87.5%	73.2%	84.4%	70.9%	77.3%	75.9%	80.6%
Low cost Lipid Modifying Drugs as % of all Lipid Drugs (Items)	90.5%	96.2%	90.7%	88.8%	99.7%	92.8%	79.2%	95.3%	94.0%	94.2%	64.5%	96.1%	91.2%	91.1%	92.7%	97.1%	91.5%	92.8%	93.4%
Minocycline ADO/1000 patients	-	15.32	-	29.40	-	-	12.23	10.98	16.07	40.62	25.74	-	22.54	16.07	8.74	19.43	13.38	14.03	13.65
NSAIDs: ADO/STAR PU	2.19	1.84	1.87	1.39	0.81	1.25	2.46	1.57	2.19	1.41	2.04	2.20	2.00	1.12	1.95	2.22	1.80	1.75	1.51
NSAIDs: Ibuprofen & Naproxen % of all NSAIDs (Items)	65.7%	70.6%	71.7%	74.2%	79.3%	79.4%	59.3%	80.8%	75.7%	70.2%	75.6%	74.5%	84.4%	76.9%	63.1%	73.0%	73.7%	72.5%	74.8%
Omega-3 Fatty Acid Compounds	0.25	0.23	0.45	0.27	-	0.22	0.63	0.28	0.67	-	0.23	0.40	0.22	0.31	0.39	0.11	0.33	0.25	0.29
Antidepressants First Choice	64.2%	63.1%	59.4%	54.4%	71.5%	65.2%	60.4%	61.2%	60.2%	59.2%	64.2%	65.3%	70.1%	59.3%	66.4%	54.4%	62.2%	64.2%	63.8%
Wound Care Products NIC/Item	18.98	27.16	24.27	22.04	22.05	20.74	15.61	24.15	22.20	34.52	16.33	43.55	25.43	25.51	65.72	23.08	27.05	18.99	24.93
Penalty and high dose buprenorphine patches as % of all opioid analgesic items	5.3%	3.2%	2.8%	6.1%	0.6%	3.2%	2.0%	7.1%	3.1%	6.1%	7.4%	6.8%	2.5%	6.8%	6.8%	6.6%	5.4%	5.3%	5.2%
Low dose buprenorphine patches as % of all opioid analgesic items	9.0%	13.7%	9.9%	12.8%	3.9%	9.8%	10.9%	10.9%	9.7%	12.5%	7.7%	6.5%	8.6%	3.7%	5.5%	19.1%	10.0%	9.0%	6.7%
Inhaled Corticosteroids ADO/STAR PU - new indicator	0.59	0.50	0.63	0.54	0.48	0.69	0.53	0.64	0.62	0.50	0.70	0.63	0.78	0.65	0.59	0.73	0.61	0.65	0.71
Tenaxepam % of Benzodiazepine and Z Drugs (Items) - new indicator	22.3%	13.6%	11.3%	19.5%	0.0%	24.6%	16.9%	16.9%	20.6%	6.8%	24.6%	11.9%	28.1%	7.2%	17.6%	6.3%	17.6%	22.3%	19.2%
Unopposed oestrogen, no progestogen or mifepristone, intact uterus *	1	1	-	6	-	1	-	-	3	-	-	2	2	2	2	2	2	2	2
Citigroup more than 20mg in over 65 (MHRx)	4	6	-	1	-	1	-	3	4	2	-	-	2	-	2	1	2	1	2
Simvastatin 40mg - Calcium Channel Blockers etc (MHRx)	15	17	4	46	2	12	-	14	21	11	-	16	25	14	12	6	21	3	12
PCF (e.g. sildenafil) plus nitrates or ritonavir (contraindicated)	-	-	-	-	-	-	-	-	-	-	-	2	1	-	-	-	3	-	-
NSAID on repeat and over 65 *	66	106	47	116	3	35	-	30	66	27	-	67	64	14	99	32	77	72	77
TFFP "Housekeeping" Savings	£ 38,699	£ 57,416	£ 36,350	£ 89,299	£ 3,606	£ 28,750	£ 25,334	£ 30,376	£ 58,296	£ 15,870	£ 10,999	£ 30,599	£ 25,277	£ 24,854	£ 92,137	£ 17,673	£ 887,377	£ 887,377	£ 887,377

B. Continuation of Secondary Care LES actions

- Minimising risk of growth in secondary care activity budgets
- In-practice referral reviews, budget and activity
- Referral quality review
- Practice to sign off locum referrals
- Telephone access for paramedics and consultants
- Requests for visits reviewed within 60 minutes

Now in Core GP Contract/new DES

C. Engagement with CCG commissioning

This activity is to be carried out in conjunction with other practices and is expected to be achieved as part of CCG membership. All practices are expected to engage with CCG commissioning and take part in the development of pathways and adhere to agreed outcomes.

The CCG is undertaking a major review of community services in line with the Clear and Credible Plan. The agreed approach is to make all health related local services become based on practices with specialist services clearly supporting the practices. Practices may need to alter their management arrangements and ways of working to align with these changes.

The SLA requires engagement as follows:

Representation of Practice/Locality/WWYKD/CCG with:

- Attendance and engagement at Locality meetings & WWYKD GP Forums
 - Attendance at Locality Leads meetings
 - Attendance at Area Board or town meetings as appropriate (e.g. JSA)
 - Attendance at CCG steering group meetings / workshops / other events
- **Engagement with CCG commissioning**
 - **Locality meetings** have taken place on a regular basis as shown on the table below. These meetings are regularly attended by members of the team and wherever possible Dr Helen Osborn and Jo Cullen.

LOCALITY MEETINGS	WARMINSTER/ WESTBURY	MELKSHAM/ BRADFORD ON AVON	DEVIZES	TROWBRIDGE
April	8 th Westbury	9 th Giffords	15 th Courtyard	16 th Lovemead
June	3 rd Avenue	4 th Spa	10 th Courtyard	12 th Lovemead

There are plans in hand to put together a programme of Practice Manager Meetings integrated with the Community teams on a locality basis. Jo Cullen met with Sarah Jane Peffers as Head of Locality for WWYKD from the GWH Community Service in Melksham together with the Practice Managers from Giffords, Spa and BoA Melksham Health Partnership to discuss and understand the issues with the due

diligence / implementation of their TCOP proposals involving staff roles and responsibilities and recruitment, as well as ongoing issues with the Clinical Care Co-ordinator roles.

This initial meeting resulted in a series of initial meetings instigated by GWH and held in August/September:-

- **Monday 28th at 12.30 @ Melksham Hospital (for BoA and Melksham clusters)**
 - **Thursday 31st at 9.30 @ Warminster Hospital (for Westbury and Warminster clusters)**
 - **Thursday 31st at 2pm @ Devizes Hospital (for both Devizes clusters)**
 - **Friday 1st at 3.30pm @ Trowbridge Hospital (for both Trowbridge clusters)**
-
- **GP Forum** quarterly, with representation from all practice 21st May with forty attendees, items on the Agenda included:-
 - ***Funding streams over and above core PMS/GMS Contracts***
 - ***Collaborative working across practices – RCGP resources***
 - ***Finance and Performance Reports***
 - ***Update on programme areas***
 - ***Feedback on evaluation of winter pressures scheme***
 - ***Workshop Session – Transforming Older People’s Care***
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- **Area Board Meetings** – attendances have been undertaken by the Chair Dr Helen Osborn and Group Director Jo Cullen. Preparations are being put in hand to ensure attendance by a member of the team at each Area Board in the future. Particular dates to note are:-
 - ***Devizes 19 May 2014 – Dr Helen Osborn, Dr Richard Sandford-Hill, Jo Cullen attended***
 - ***Trowbridge 15 May 2014 – Jo Cullen attended***
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- **WWYKD Executive Meetings** take place regularly twice monthly and are strongly attended by the Executive members and the WWYKD team. Items on the Agenda included:-
 - ***RSS Development- Guest speakers Dr John Pettit (NEW) and Mark Harris (SARUM)***
 - ***RUH Radiology, Gastroenterology updates William Hubbard RUH Consultant, John Linehan RUH Gastro Consultant.***
 - ***Physiotherapy update Stuart Townsend, Interim Head of Integrated Therapies***
 - ***CCG Matrix Working***
 - ***Locality Working/Collaborative Working/Local Engagement***
 - ***Community Services – Care Co-ordination, Physiotherapy***
 - ***Frail Elderly Care Pathway – whole system thinking review – Guest speaker John Rogers, Wiltshire Council***
 - ***Intermediate Care – Guest speakers James Roach, Lynn Talbot***
 - ***Transforming Older People’s Care***
 - ***Care Homes – Guests from the Order of St Johns - Rita Harris Interim Operations Consultant, Robin Chokhar Assistant Operations Director***
 - ***Urgent Care Programme Updates and Primary Care Pilot***
 - ***Performance and Finance***

- Issues covered are detailed in the Minutes of respective meetings. Practices attendees contribute to the sharing of information, improving understanding across practices, as commissioners, and the development of new ideas and delivery of existing projects

D. Data validation and challenges

- The SLA requirement is for continuation of finance activity review, audit work and validation of high cost spells and specific other audits, as in 13/14. WWYKD GP practices continue to invest time in identifying and reviewing episodes of care carried out by the acute trusts that may for example appear to be inconsistent with the GPs' knowledge of the patient. A more coherent and robust process by which this is incorporated into the RUH challenge process, managed by CSCSU on behalf all Commissioners, and coordinated with other data challenges raised by the CCG, is now in place.